

Application Data Sheet

Application Information

Application number::

Filing Date:: 12/05/01

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: METHODS AND COMPOSITIONS FOR
TREATING BACK PAIN

Attorney Docket Number:: 021261-000100US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

1006653-10601
FOI b7E b7C

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: David
Middle Name:: C.
Family Name:: Yeomans
Name Suffix::
City of Residence:: Los Altos
State or Province of Residence:: California
Country of Residence:: US
Street of Mailing Address:: 860 Renetta Court
City of Mailing Address:: Los Altos
State or Province of mailing address:: California
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 94204

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Designation::	Representative Number::	Representative Name::
Primary	37,505	Joe Liebeschuetz
Associate	39,839	J. David Smith

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

10006958 120501
FOI 5021 8589007

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Correspondence Information

Representative Information

Domestic Priority Information

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Initial 12/5/01

Foreign Priority Information

Country::

Application number::

Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

100655 120501